

IN THE CLAIMS:

Claims 1-97 and 126-173 have been previously cancelled. Following is a complete listing of the claims and their status.

98. (previously presented) A method of treating tibial plateau compression fractures, comprising the steps of:

accessing the space under the tibial plateau in a tibia between two generally opposed surfaces of the fractured tibia; and

consecutively introducing a plurality of substantially rigid elements in contact with each other between the opposed surfaces to distract said opposed surfaces as said elements are received and support such distracted surfaces to reduce the fracture and support the tibial plateau.

99. (previously presented) The method of claim 98, wherein said elements are introduced in contact with each other generally in the direction of the axis of the tibia.

100. (previously presented) The method of claim 98 wherein said elements are introduced by moving at least one element to a different position upon introduction of a subsequent element.

101. (previously presented) The method of claim 100 wherein said at least one element is moved by contacting a surface thereof with a surface of said subsequent element.

102. (previously presented) The method of claim 101 wherein the accessing step includes the step of placing an elongated access channel in communication with the space between said opposing surfaces and introducing the elements through said channel.

103. (previously presented) The method of claim 102, further including the step of providing a bone filler in contact with the elements.

104. (previously presented) The method of claim 101 wherein said elements are wafers, said wafers being introduced between said opposing surfaces by stacking one wafer atop another wafer.

105. (previously presented) The method of claim 98, further including the step of providing an outer member and introducing said elements into said member.

106. (previously presented) The method of claim 98, wherein said elements have arcuate contact surfaces.

107. (previously presented) The method of claim 98, wherein said elements have generally flat contact surfaces.

108. (previously presented) A method of treating tibial plateau compression fractures, comprising the steps of:

accessing the space under the tibial plateau on a tibia between two generally opposed surfaces of the fractured tibia; and

stacking by consecutively introducing individually a plurality of generally flat and substantially rigid wafers in the tibia in the general direction of the axis of the tibia between the opposed surfaces to distract said opposed surfaces as said wafers are consecutively received and support such distracted surfaces to reduce the fracture and support the tibial plateau.

109. (previously presented) The method of claim 108, wherein said wafers are stacked by consecutively inserting said wafers one atop the other to form a column extending in the direction of the axis of the tibia.

110. (previously presented) The method of claim 109, wherein said wafers are consecutively inserted in a direction substantially normal to the axis of the tibia.

111. (previously presented) The method of claim 110, wherein said wafers are consecutively inserted by slidably moving one wafer along a surface of another wafer.

112. (previously presented) The method of claim 111, including the step of inserting between the opposing surfaces under the tibial plateau an elongated guide track along which the wafers travel during insertion.

113. (previously presented) The method of claim 112, including the step of inserting each wafer subsequent to the first wafer between the next preceding wafer and a base.

114. (previously presented) The method of claim 113, wherein the base is the guide track.

115. (previously presented) The method of claim 113, wherein the base is a wafer adjacent the next preceding wafer.

116. (previously presented) The method of claim 113, wherein the wafers have leading and trailing beveled ends, the method comprising the step of engaging the leading beveled end of one wafer with the trailing beveled end of the next preceding wafer to enable the one wafer to be inserted between the guide track and the next preceding wafer to thereby urge the preceding wafer away from the guide track in the direction of the axis of the tibia.

117. (previously presented) The method of claim 109, including the step of providing the fluent bone filler in an access path to the tibial plateau and in contact with the wafer column.

118. (previously presented) The method of claim 117, wherein the access path is an opening through a tibial lateral wall, the method including the step of providing the filler in the lateral wall opening.

119. (previously presented) The method of claim 109, wherein the accessing step includes the step of inserting under the tibial plateau an elongated access channel through which said wafers are inserted.

120. (previously presented) The method of claim 112, wherein the accessing step includes the step of inserting under the tibial plateau an elongated access channel having collapsible and expandable configurations, the method including the steps of inserting the access channel in its collapsed configuration under the tibial plateau and then expanding the access channel between the opposing surfaces laterally of its length and in a direction generally normal to the direction of the axis of the tibia to enable the access channel to receive the guide track therewithin.

121. (previously presented) The method of claim 108 including the step of applying a liquid to the wafers.

122. (previously presented) The method of claim 121, wherein the liquid is a solvent carried in micro spheres to enhance bonding wherein the micro spheres are ruptured during insertion of the wafer.

123. (previously presented) The method of claim 122, wherein the micro spheres further include and osteoinductive agent.

124. (previously presented) The method of claim 108 including the step of applying a hardenable fluent material designed for time-delayed activation.

125. (previously presented) The method of claim 108, wherein said wafers are non-removably maintained in the tibia.

Claims 126-173 (cancelled)